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ABSTRACT

Reported are findings of the Spartanburg Conference, a multidisciplinary meeting designed to set up guidelines for training psychological service providers to the deaf. Considered in Chapter I are studies relating to the historical background of psychological practice with the deaf. The organization of the conference is explained in Chapter II in terms of conference objectives, organizing committees, selection and background of participants, the consumers, topics for discussion, distribution of orientative materials, and operational procedures. Outlined in Chapter III are functions actually performed by psychological service providers to the deaf and a summary of expected functions relating to the individual, facility, community, research, administration and supervision, and continuing professional development. Listed in Chapter IV are the special competencies (communication skills, knowledge of the deaf, techniques of psychological evaluation, techniques of treatment, and personal qualities) that enable a psychological service provider to carry out his functions effectively with a deaf clientele. The issues of training and certification (including selection of trainees and training content) are discussed in Chapter V. In a final section, conference findings are summarized for each area considered. Appended are lists of committee members, discussion leaders and recorders, interpreters, and participants. (SBH)

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THE PREPARATION OF PSYCHOLOGICAL SERVICE PROVIDERS TO THE DEAF

Edna S. Levine, Editor

A REPORT OF THE SPARTANBURG CONFERENCE ON THE FUNCTIONS, COMPETENCIES AND TRAINING OF PSYCHOLOGICAL SERVICE PROVIDERS TO THE DEAF

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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FOREWORD

The Spartanburg conference was another step forward in the annals of vocational rehabilitation in the ministering of psychological services to disabled individuals. Beginning in 1943 when Vocational Rehabilitation legislation first authorized "any service necessary to render a disabled person fit to engage in remunerative occupation," psychology has assumed an increasingly important role as a rehabilitation service.

Deafness, which is in the main a psycho-social problem for the persons it affects and for those who endeaver to serve them, is a singularly responsive area to new knowledge and competencies in psychological service. Momentum developed at the Spartanburg conference will do much to prepare the way for the recruitment and training of psychologists able to function effectively with deaf clients.

The Rehabilitation Services Administration is pleased to have had a part in the conference and is deeply appreciative of the work of Dr. Edna S. Levine and her associates in planning and carrying out the successful meeting and in preparing the conference report.

Joseph A. Mottola
Acting Commissioner of Rehabilitation Services

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PREFACE

The Spartanburg Conference represents a significant effort to carry out a key injunction of professional psychology, namely "to protect the right of each individual to be soundly evaluated" and responsibly served (American Psychological Association, 1970, p. 265). The individuals of concern to the Conference are persons termed "the deaf". The greater part of this little-known population constitutes a minority group of people of potentially normal mental and psychological endowment:

1. whose *physical impairment* lies in severe irreversible damage to the sensory-neural and/or cortical structures necessary for normal hearing, which condition is present since birth or from the formative years, and is not amenable to current medical or surgical treatment;
2. whose *disability* is a loss of functional hearing of such severity that the ability to hear and understand conversational speech as well as most informative messages conveyed through sound, both vocal and nonvocal, is drastically impaired even with the use of a hearing aid; and
3. whose major *handicaps* stem from the resultant break in the lines of auditory communication with the world such as to:
   a. limit the input of information mainly to visual channels;
   b. prevent the normal acquisition of all forms of verbal language—spoken, written, read;
   c. block the auditory acquisition of knowledge;
   d. impair the establishment of normal communicative relations with society; and
   e. obstruct the normal processes of enculturation and maturation.

Over the decades, psychologists have entered the field of the deaf armed only with psychological backgrounds and experiences involving non-deaf persons in the belief that these would suffice for practice with deaf people. Such has not proved to be the case. Yet, despite the pressing need for special preparation to serve deaf children and adults, training programs designed to prepare psychologists for such practice have neither been developed, supported, nor funded. As a result, no established safeguards have existed against exposing deaf individuals to unprepared psychological workers and undesireable psychological practices.

With the expansion of rehabilitation services for the deaf population, the demand for psychological service providers has reached a new high for the field of the deaf. At the same time, the need for quality services has become increasingly acute.

The Spartanburg Conference was convened in the belief that it is high time the need was recognized, analyzed, and met; and, further, that the most effective means for safeguarding the interests of deaf persons is through the

establishment of training programs through which psychologists can acquire the highly specialized competencies and knowledge that are essential in effective psychological practice with a deaf clientele.

The multidisciplinary Conference participants lay no claim to solving problems nor to producing blueprints for training. It is not easy to correct a situation in a few days which has continued in the same unproductive path for decades. Rather, the participants bent the full force of their talents, energies, and experiences in laying the groundwork and in setting up guidelines for training that will eventually insure the right of every deaf individual to psychological service providers of excellence and accountability.

The work of the Spartanburg Conference was only a beginning, thanks to the encouragement and support of the Rehabilitation Services Administration of the Department of Health, Education, and Welfare as represented by James F. Garrett, L. Deno Reed, and Boyce R. Williams. The work now remains be be followed through.

June 1977

Edna S. Levine
Project Director
Editor

PSYCHOLOGICAL PRACTICE WITH THE DEAF: BACKGROUND

Beginnings

Service psychology, in the form of testing, entered the field of the deaf in the late nineteenth century on a wave of general concern over the mental classification of atypical schoolchildren. The reader will recall that it was this same issue that was responsible for the construction of the Binet-Simon Intelligence Test, which, in turn, led to the whole psychological testing movement as we know it today. In the field of the deaf, it was an educator who tackled the problem. In 1889, some two decades before the Binet-Simon scale was constructed, David Greenberger, then head of the Institution for the Improved Instruction of Deaf Mutes (now the Lexington School for the Deaf), published his procedures for "testing" the intelligence of deaf children (Greenberger, 1889).

Greenberger's work introduced a new concept into the mental rating of pupils, the concept of objectivity. At that time, such ratings were customarily based on the personal opinions of school staff members. But convinced of a need for a less subjective approach, Greenberger sought to achieve this by basing his appraisals on how well a pupil did on various specified test-tasks such as block building, picture completion, and the like. Many of the tasks used and suggested by Greenberger can be found in current mental tests for young children.

Greenberger's remarkable contribution aroused only passing interest among his colleagues, and was eventually forgotten. However, psychology was in the air of the times, and the need to 'understand' children was gaining considerable ground among advanced thinkers. Forward-looking educators of the deaf pushed for psychological studies of deaf children and for greater recognition of the values of psychology to education. Through their arguments and efforts, the door was finally opened to psychological researchers.

An interesting illustration of a major study of the times is that of MacMillan and Bruner (1906) who, as representatives of the Child Study

Department of the Chicago Public Schools, had been charged with the responsibility for taking over the education of one hundred eighty-four deaf children. Part of their responsibility involved ascertaining the capacities of the children. Accordingly, the children were examined by a typical test battery of the day which included tests of hearing, visual acuity, lung capacity, strength of grip, tapping, cancellation of A's, perception of size and weight, identification of objects by touch, and visual memory span for digits. Height, weight, and head measurements were also recorded.

The results showed the deaf children to be considerably poorer than the hearing in the prime intelligence measure of the day—the cancellation of A's—as well as in tests of size by touch. However, the investigators in their wisdom did not leap to the conclusion that the deaf were mentally inferior to the hearing. They reasoned instead that the poorer showing of the deaf could mean no more than delayed rather than deficient development, and that were the deaf child's education begun earlier than was the custom of the time, inferiorities might be reduced if not altogether eliminated.

For educators of the deaf, a highly important outcome of the MacMillan-Bruner study was its demonstration of the practical values and potentials of the psychological examination. Consequently, when the first English translation of the Binet-Simon Intelligence Test appeared in 1910, it was greeted with enthusiastic interest by educators of the deaf.

The Pintner Period

The stress on objective evaluation combined with the Binet frame of operation marked the beginning of a new era in psychological practice with the deaf. Heading the era was Rudolf Pintner who, from the time of his first publication on the deaf in 1915 until the year of his death in 1942, was directly or indirectly responsible for most of the psychological activity and research in the area.

The first important investigation of the Pintner Period was the attempt by Pintner and Paterson to use the Binet Test with the deaf (Pintner and Paterson, 1915). Despite the fact that the verbal test items were administered in whatever mode of communication the subjects preferred, the results showed an average mental retardation of 4.58 years. However, like MacMillan and Bruner, Pintner and Paterson were loath to accept the findings at their face value. They reviewed the extreme difficulties they had experienced in test administration, and were sensitively aware of the complete unsuitability of many of the test questions to the life situation of the deaf. They concluded that verbal mental measures of the Binet type could not be used with the deaf and recommended the use of performance tests instead.

A direct outcome of this recommendation was the construction of the Pintner-Paterson Performance Scale in 1917. The Binet scale had suggested the theory of construction, but on the performance scale, theory was operationalized through manipulative rather than verbal test items. The appearance

of this objective, nonverbal scale for mental measurement opened up a whole new avenue for the psychological study of and service to the deaf.

The next quarter-century witnessed a tremendous surge of psychological activity in the field. Areas of investigation included not only intelligence but also personality, learning ability, scholastic achievement, special abilities, and more. Comparisons between deaf and hearing groups were the research order of the day; new tests were tried; studies were conducted by experienced researchers as well as by inexperienced ones, by those familiar with the deaf and by many more who were not.

Numbers of tests used at the time are on the market today, and some are still being used with the deaf. Among intelligence tests, such familiar names crop up as: Grace Arthur Performance Scale, the Goodenough "Draw-a-Man" Test, the Porteus Maze Test, the Drever-Collins Performance Scale, the Pintner-Paterson Performance Scale, the Pintner Nonlanguage Mental Test, the Kohs Block Design, and the Randall's Island Performance Series. Among the personality tests used were: the Thurstone Personality Schedule, the Brunschwig Personality Inventory for Deaf Children, the Bernreuter Inventory, the Vineland Social Maturity Scale, the Haggerty-Olson-Wickman Behavior Rating Schedules, and the Brown Personality Inventory for Children.

The activity of the Pinter Period declined sharply with the death of its founder and with the coming of World War II. A review of the studies of the period (Levine, 1956, 1963; Vernon, 1968) shows great effort but indecisive returns. Concerning intelligence, some investigators concluded that deaf children are mentally deficient; others that they are not. Some held the tests to blame for conflicting findings; others insisted that deafness itself creates a mental backwardness of some two or more years, and influenced educators to modify their curricula accordingly. In regard to personality, the consensus was that the deaf present more problem tendencies and exhibit greater maladjustment than the hearing. The latter findings aroused particular indignation among those who "knew" the deaf.

In consequence, the enthusiasm with which educators had welcomed psychology into the field of the deaf was considerably diminished. The anticipated benefits expected from psychology were lost in the evident difficulties psychologists were experiencing in working with the deaf as well as in their sharp dissensions and conflicting findings. Disillusioned educators charged that:

> The ordinary students of psychology are not fully qualified to deal with the psychology of the deaf. . . They simply do not get hold of the subject of their examinations. Their lack of familiarity with the deaf is too obvious to inspire a teacher of the deaf with confidence (Aurell, 1934).

To these charges were added the criticisms of researchers themselves. The more experienced raised questions about the use with the deaf of tests

standardized on the hearing. They also questioned how much actual understanding there was on the part of the deaf of the language and concepts used in personality inventories in view of the poor showing of the deaf in language-related achievements. Finally under attack was the practice of group measurement and mass study of deaf subjects as conducted in deaf-hearing group comparisons.

In short, the Pintner Period produced more questions than answers. Nevertheless, despite its indecisive results and questioned procedures, the period served a highly important function. It provided an essential prologue to all further undertakings by demonstrating the exceptional difficulties involved in psychological practice with persons whose world is visible to the eye but incomprehensible to the ear.

The Rehabilitation Movement

As was to be expected, there was a considerable lull in psychological activities with the deaf during the World War II years, with the profession represented by less than a handful of practising psychologists. It was largely through advances in vocational rehabilitation legislation that psychology gradually found its way back into the field of the deaf.

The first piece of significant legislation had been enacted in the post-World War I years with a broadening of concern from veteran problems to civilian needs. This was followed some two decades later by the passage by Congress in 1943 of a number of amendments to the Vocational Rehabilitation Act (Barden-LaFollette Act or Public Law Number 115) which redefined vocational rehabilitation to mean "any services necessary to render a disabled person fit to engage in remunerative occupation." However, the services here referred to were concerned mainly with physical and health requirements and with such vocationally related needs as training, occupational tools, licenses, equipment, and the like. When it turned out that despite these aids, rehabilitation failures were on the increase, it was gradually recognized that there is a psychological component to rehabilitation that required equal if not greater attention. It was at this time that the terms "total rehabilitation", "whole man", and "helping the individual to help himself" began to appear in rehabilitation thinking and literature. As this happened, legislative acknowledgement followed with the passage by the 83d Congress of Public Law Number 565 (Office of Vocational Rehabilitation, 1956). Under the Law, the Federal Office of Vocational Rehabilitation was empowered to authorize funds to acceptable institutions "to increase knowledge of the broad areas of psychological adjustment to disability" (Office of Vocational Rehabilitation, 1957), "to increase the number and competency of rehabilitation personnel" (Office of Vocational Rehabilitation, 1958), and "to enlarge and enrich our research resources through the development of competent research workers in the professional fields which contribute to the vocational rehabilitation of disabled persons" (Office of Vocational Rehabilitation, 1957 a).

Under this legislation, the door was opened once more to psychological workers with the deaf. The problem was that psychology was as poorly prepared to pass through the door now as it had been during the Pintner Period. Nonetheless, psychology was in the air again, and among the first to acknowledge the fact was the Bureau for Handicapped Children of the New York State Department of Education who as early as 1954 conducted a round table conference in collaboration with the Lexington School for the Deaf on psychological services for hearing-impaired children. This was probably the first meeting held on the subject, certainly the first intrastate meeting.

Among the questions considered were: (1) what general categories of services fall under the heading "psychological services for hearing impaired children"; (2) what specific services are presently being rendered by psychologists in the field; (3) what psychological services are presently being rendered by nonpsychologists; (4) what are the outstanding problems in psychological evaluation of the deaf and the hard of hearing; (5) what are the outstanding needs; (6) which psychological tests and measures are presently found useful with the deaf, the hard of hearing; (7) for what kinds of recommendations should the psychologist be responsible, how should they be formulated, how communicated; (8) which outstanding problems might be solved or helped through a psychological service program and how should such a program be organized; (9) what background of training and experience are considered necessary for the person engaged in rendering psychological services to the hearing-impaired. Unfortunately, the proceedings of this prophetic conference were not published, simply mimeographed, so that the impact remained on a narrow local level.

Considerably broader notice was accorded psychology when the first grant under P.L. 565 was made to the field of the deaf in 1956. The award went to the now celebrated Mental Health Project for the Deaf of the New York State Psychiatric Institute (Levine, 1960; Rainer et al., 1963). In view of psychology's deep involvement in mental health, the grant served a singular advocacy function for psychological service and research. Further recognition of the profession came with the first national conference on psychological assessment of the deaf in 1959, sponsored by the U.S. Office of Vocational Rehabilitation, and conducted by the Department of Psychology and Psychiatry of The Catholic University of America in collaboration with Gallaudet College (no published proceedings). Another of the 'firsts' in which psychology was involved was a national conference on research needs in the vocational rehabilitation of the deaf (Rogers and Quigley, 1960), also sponsored by the U.S. Office of Vocational Rehabilitation. From these springboards there eventually emerged an extraordinary surge of research, demonstration, and professional training programs in the service of the deaf, excellently listed and annotated in *Deafness Annual* volumes (Adler, 1969; Norris, 1972, 1973, 1974).

Conspicuously lacking among sponsored training programs, however, were programs designed to prepare psychologists for practice with the deaf. But prepared or not, psychology became and remains heavily involved in the tremendous expansion of services for deaf individuals that has taken place over the past ten years. Facilities employing psychological services now extend well beyond the school frame and include such varied settings as rehabilitation, counseling, mental health, special remedial, and hearing and speech among others. Ages served range from infancy through the geriatric levels; and psychological services are in demand for the whole range of psychological problems encompassed in these ages and settings.

Whether psychology can successfully cope with these demands is the question. At present, there is a general undercurrent of querulousness on the part of numbers of employers, team colleagues from other disciplines, and consumers with the quality of psychological services rendered deaf individuals and with the manner in which they are administered. These dissatisfactions threaten to lead to a similar loss of confidence in the profession as was expressed in the Pintner Period.

To head off this eventuality and to examine the situation more closely in behalf both of psychology and the deaf, a national survey was conducted of the nature of psychological practices with a deaf clientele as actually carried out by psychological service providers at the present time.

The Psychological Survey

Work on the first national survey of psychological services for deaf individuals (Levine, 1974) was begun in 1971 with an initial plan and an immediate handicap. The plan was to devise and distribute a comprehensive questionnaire to psychological service providers as the initial means for obtaining first-hand information from the workers themselves concerning the state of psychological practice with a deaf clientele. The handicap was the lack of a mailing list, registry, or any other reference material that would make it possible to contact these persons individually.

The handicap was overcome in part by offers from the Alexander Graham Bell Association for the Deaf, Inc., and from the National Association of the Deaf to make their mailing lists available for the survey. This was an indirect way of reaching the providers, but it had to suffice.

The plan of investigation was carried out through the mailing of a 10-page questionnaire consisting of 114 items devised specifically for the survey and covering such inquiry areas as: (1) the setting in which respondents practiced; (2) details about the clientele served; (3) details about the provider's professional and experiential background, special preparation for work with deaf persons, the psychological practices used, and the responsibilities and problems involved; (4) psychological tests used with deaf children and adults, methods of administration, evaluative comments and problems; and (5) general remarks and recommendations.

One hundred and seventy-eight useable returns were received from respondents representing 48 states. Seventy-six respondents represented special schools for the deaf; 62, special classes for the deaf; 24, wholly or partially integrated classes; and 16, non-school facilities. In all, the combined total of deaf individuals served by these facilities numbered 24,224 deaf individuals. Evidently this was the first large-scale interest ever expressed in the professional welfare and problems of psychologists practising with deaf persons, and their first organized opportunity to make known their views and experiences. Responses were thoughtful and frank.

The survey findings disclosed dissatisfactions on the part of the service providers with their professional lot in the field of the deaf, and provided depressing support for the general dissatisfactions with their practices and abilities as voiced by others. In summary: the large majority of respondents were practising without substantive knowledge of either deafness or deaf people; without special, organized preparation for their work; and without the ability to communicate manually or to establish productive interpersonal relations with manual deaf subjects. Their problems were further compounded by exceptional difficulties in the use and interpretation of psychological tests with the deaf. Most of the respondents had had no contact with any deaf individuals prior to assuming psychological practice with the deaf, and the majority had had no preparation for the work other than on-the-job experiences. A number of respondents commented that their employers had only vague notions of the professional training, functions, and competencies of psychologists: some assumed that psychologists possessed universal expertise in all areas of human behavior; others considered their principal ability was testing.

Among the recommendations made, there was almost universal support for follow-up of the survey through meetings or conferences, and for developing some way of effecting closer intraprofessional ties and communications. The text that follows summarizes the outcome of these recommendations.

ORGANIZATION OF THE CONFERENCE

In accordance with the comments and recommendations of respondents to the psychological survey, plans were initiated by the project director for a follow-up national conference to focus on the training needs of psychological service providers to deaf individuals. One of the responding institutions, the South Carolina School for the Deaf and the Blind, enthusiastically offered to host such a conference.

Further discussion of the proposal was held at an informal meeting of representatives of the South Carolina School together with leaders in services for the deaf representing various east-coast facilities, and the project director of the psychological survey. The proposal for a national conference was unanimously endorsed.

The next step was to obtain funds to finance the conference. Application was made to the Social and Rehabilitation Service of the Department of Health, Education, and Welfare which had partially funded the survey. Text and budget of the application were developed from suggestions made at the above-mentioned meeting plus the work of a small committee consisting of Robert Millard, Assistant Superintendent of the South Carolina School, Ruth R. Green, Director, Counseling and Social Services as well as Assistant Administrative Director of the New York League for the Hard of Hearing, and Edna S. Levine, Director of the New York University program Explorations in the Psychology of Deafness and project director of the psychological survey.

In August 1974 supplemental funds were awarded Explorations in the Psychology of Deafness for the purpose of conducting a national conference on the preparation and training of psychologists to the deaf.

Objectives of the Conference

As stated in the grant application, the broad objective of the conference was to develop the guidelines necessary for the eventual establishment of programs of preparation and training for providers of psychological services to the deaf. Toward this end, the specific objectives were to:

1. Review the functions qualified psychologists are normally expected to carry out in line with their professional training and responsibilities.

2. Analyze and determine the functions expected of psychological service providers to the deaf in the principal settings in which they practice.

3. Analyze and determine the special bodies of knowledge, skills, and competencies needed in order to conduct these functions effectively with a deaf clientele.

4. Determine the courses of study and various types of training programs through which these competencies can be acquired.

5. Propose ideas concerning the issues of program accreditation and worker certification.

Organizing Committees

The task of organizing and operationalizing the conference was carried out by a number of committees. (See Appendix for listings of committee members.) The key committee was the *Planning Committee*. Since the conference was of national scope, regional location of its members was important for national representation. The members of this committee were therefore selected on the basis of qualification, regional location, and availability. Regions of heavy deaf population were accorded more than one representative, but every region was represented by at least one member of the Planning Committee.

The responsibilities of the *Planning Committee* were to: (1) select the dates and site for the conference; (2) propose guides for the selection of participants; (3) develop the program content and topics; (4) develop the plan of operation of the conference; (5) nominate group leaders and recorders and suggest interpreters; (6) submit the names of desired participants from their respective regions as well as from the field at large; (7) serve as decision-making body on key matters that might arise; and (8) empower the Executive Committee to act in its best judgment on other relevant matters.

The functions of the *Executive Committee* were to: (1) carry out the plan of operation proposed by the Planning Committee; (2) serve as communicative link through the distribution of reports and informational memos and materials among the committees and with the participants; (3) develop, distribute, and collate forms for obtaining professional background information from the participants; and (4) manage budgetary details.

The function of the *Participant Selection Committee* was, as the name implies, to be responsible for the selection of participants to the conference.

The functions of the *Program Committee* were to: (1) organize the proposals of the Planning Committee into program format; (2) itemize the program by date, time, and topic; (3) assemble informational packets for the conference participants; and (4) oversee organizational details at the conference.

The committees all worked in close collaboration with one another.

Selection and Backgrounds of Participants

Professional Background forms previously distributed to conference candidates and collated by the Executive Committee indicated that a wide variety of personnel were performing psychological services for the deaf. Some few were qualified school, clinical, and counseling psychologists. Others were 'psychologists' by job title rather than qualification. Still others were audiologists, speech therapists, guidance counselors, social and welfare workers, teachers, denominational workers, etc. Among the non-psychologists were those whose experiences with the deaf made them better workers than were the qualified psychologists without experience. This state of affairs raised numbers of questions regarding participant selection.

It was the decision of the organizing committees that input from all types of providers of psychological services to the deaf would be of value, and that no barriers should be raised purely on the basis of academic qualification. The point was also made by the Planning Committee that problems of psychological practice with the deaf touch not only psychologists but also such involved personnel as administrators, employers, consumers, team colleagues from other disciplines; and that, for maximum input, it was important to include such persons as participants. In effect then the conference had multidisciplinary input from a variety of levels of experience and background.

To insure optimum work conditions, it was further agreed that the conference should number no more than about 80 participants. However, the pool of names from which the participants were to be selected numbered several hundred. These included: (1) names submitted by members of the Planning Committee; (2) respondents to the psychological survey; and (3) individuals who had written in requesting invitations, some of whom offered to fund their own expenses. To add to the problem, funding was available for only 66 participants including interpreters. The Selection Committee had their work cut out for them. They proceeded with a preliminary screening in which:

1. Names from all sources were grouped according to category of setting in which the candidate practiced, and by home state.

2. In each home state, the names were next grouped by discipline, and by the specific facility in which the candidate worked.

3. A review was then made based on the candidate's professional level in terms of certification, position title, degree, or other form of professional recognition.

On completion of this preliminary screening, the Selection Committee proceeded along the following lines:

1. Names submitted by the Planning Committee members were reviewed, and those were reserved for later selection who had been recommended by 3 or more members.

2. Names of survey-respondents and 'write-ins' were next reviewed, and those were reserved for later selection who had been recommended at the Planning Committee level and/or who possessed desirable qualifications and/or experiences.

3. From the remainder of the pool, a random selection was made based roughly on discipline.

4. Cross-checking was then conducted to aim for a fairly representative balance.

5. From the still excessive listing thus produced, exclusions were made based on the number of personnel representing the same facility, the same state, or the same discipline if an over-representation existed in that particular specialty.

The list of candidates finally obtained totaled 104. Thanks to the fact that a number had offered to pay their own way, it was possible to break this total down to 83 selected participants and 21 alternates representing every state in the continental United States plus a representative from Sweden. (See Appendix for listing of participants.)

The service settings represented by the participants included: special schools and classes for the deaf (33); rehabilitation agencies and centers (13); special services in hearing and speech and in mental health (8); college and university based programs on the deaf (11); national organizations and agencies of and for the deaf (6); parent organizations (3); denominational services (2). The disciplines represented included: psychology, education, rehabilitation, counseling, administration, denominational, audiology, speech, and hearing therapy, interpreting, and parentage. The highest degrees represented were the Ph.D. and Ed.D. (29) and master's level degrees (32).

Of the total number of multidisciplinary participants, forty-two were engaged in providing psychological services to the deaf. Included were academically qualified psychologists, and those not so qualified. Two psychologists were Fellows of the American Psychological Association; 14 were Members of APA; and 3 were Associates. The Fellows and Members represented the following Divisions of the APA: General Psychology, Educational Psychology, School Psychology, Rehabilitation Psychology, Experimental Psychology, Psychotherapy, Personality and Social Psychology, Clinical Psychology and State Affairs. Several were members of more than one Division.

Finally, 12 of the participants were hearing impaired, with 7 of the 12 designating they were 'deaf'.

The Consumers

Consumers of psychological services represented at the conference included:

1. Direct recipients of psychological services such as rehabilitation clients.

2. Facilities employing psychologists or psychological consultants, such as schools, rehabilitation centers, and other facilities serving a deaf clientele.

3. Institutions and organizations utilizing psychological services on a referral basis.

4. Purchasers of psychological services not directly involved as consumer or recipient, such as government agencies supporting the cost of psychological services.

5. Indirect recipients of psychological services such as parents.

The interests of the deaf were further represented by local and national organizations of and for the deaf of which the major national ones represented at the Conference included: the Alexander Graham Bell Association for the Deaf and its affiliated parents' organization, the Conference of Executives of American Schools for the Deaf, the Convention of American Instructors of the Deaf, the National Association of the Deaf, and the Professional Rehabilitation Workers with the Adult Deaf together with its affiliated parents' organization.

Topics for Discussion

Topics relevant to the objectives of the Conference were solicited in advance from participants and committee members. These were reviewed and categorized. The overwhelming majority were classifiable under one or another of the specific objectives listed above. These then became the Conference topics.

It was hoped that other topics could be discussed informally during the course of the Conference if there were time. A few of the more provocative ones submitted by participants are quoted as follows:

1. After we define the issues for full-time workers, how can be extend this for part-time workers.

2. What about personnel who are not trained psychologists but who provide psychological services of various kinds.

3. What would be the manner of designating "certified/qualified" workers and which organization shall confer such recognition.

4. What would be the manner of identifying "certified/qualified" psychologists to other professionals, service organizations, and the public.

5. What about training paraprofessional aides.

6. On the organization-chart of a facility serving a deaf clientele, what should the staff position-designation be of a qualified, full-time psychologist.

Distribution of Orientative Materials

Realizing that some participants including group leaders and consumers were less well informed than others about the duties qualified psychologists are trained to carry out, the Executive Committee undertook to distribute a variety of relevant orientative materials to participants and group leaders. Some of the material was summarized from a number of authoritative sources by various committee members. Where this was not possible and where the original documents could not be distributed, references were provided.

Materials distributed in advance of the conference included: (1) the functions of school, clinical, and counseling psychologists; (2) the qualifications of clinical and counseling psychologists as designated by the United States Civil Service Commission; (3) accreditation criteria and procedures of the American Psychological Association; and (4) references to various publications dealing with school psychology and to journal articles dealing with certification issues, problems, and proposals. A follow-up distribution was made to members of the Planning Committee of the article Standards for Providers of Psychological Services by the APA Task Force on standards for service facilities on its appearance in the *American Psychologist* in June 1975.

Material relating to psychological practice with the deaf was also distributed to conference participants. This consisted of a report of the psychological survey of tests and practices with the deaf, noted previously, (Levine, 1974), and a preprint of a chapter for a then forthcoming book, on the psychological evaluation of deaf rehabilitation clients (Levine, 1976).

In addition, participants were kept closely informed of proceedings at committee meetings through continuing reports and memos. Also distributed was an illustrative 'flow-chart' of functions → related competencies → related training needs, devised by the project director for the particular guidance of group leaders. Finally, group leaders were provided in advance of the conference with the names and professional background summaries of the participants assigned to their respective work groups.

Operational Procedures at the Conference

The Conference was held at the Ramada Inn, Spartanburg, South Carolina, from February 23rd through February 26th, 1975 with the South Carolina School for the Deaf and the Blind acting as host facility under the leadership of its Superintendent, Newton F. Walker, and the able administration of its Assistant Superintendent, Robert Millard.

The plan of procedure was through work groups numbering 5 in all. Four of the groups each represented a particular setting serving deaf persons: (1) rehabilitation; (2) school; (3) mental health; and (4) hearing and speech. Members of the groups included psychologists as well as non-psychologist service providers and consumers of psychological services. A fifth work group was composed mainly of psychologists and concerned itself chiefly with the overall role of psychologists to the deaf and various related issues.

Each group had its own group leader, recorder, and interpreters. Group leaders and recorders met with the Project Director and the Program Chairperson a day before the conference for guides, questions, discussion, and orientation. At the same time, a meeting was held for interpreters for the same purposes under the able leadership of a Coordinating Interpreter, Mary Anne Royster. Additional breakfast meetings were held during the course of the conference.

In order to guard against time-consuming discussion on less timely topics and issues, each group leader was provided with a check-list of 'high priority' topics that demanded first attention. In review, these included: (1) a survey of functions ordinarily rendered by psychological service providers working with non-deaf clients; (2) functions actually rendered by psychological service providers to the deaf; (3) functions that should be rendered by such personnel; (4) the competencies required of psychological service providers to the deaf in order to function effectively; (5) types of training strategies whereby these competencies could be acquired; and (6) issues of certification and accreditation. Each group was scheduled to cover the same topics at the same time, and participants remained with the same work group throughout the conference. A summary of the proceedings of the respective groups was given by its recorder in plenary session at the close of each work day.

The opening session of the conference took place the evening preceding the first work day. The program included an official welcome by Superintendent Newton F. Walker; a Keynote Address by James F. Garrett, Executive Director of Research of the Rehabilitation Service Administration, Department of Health, Education, and Welfare; a summary of the conference background by Project Director Edna S. Levine; and a review of workshop format and procedures by Ruth R. Green, Program Chairperson, and Robert Millard, Administrative Supervisor.

The session closed with a performance by pupils and staff members of the South Carolina School called "A Look at Ourselves", consisting of a number of serio-comic skits on psychological sessions with the deaf clients. The skits were written and directed by Robert Bremer, Chaplain of the South Carolina School, and Charles McKinney, Rehabilitation Counselor at the school. The performance served as an excellent ice-breaker for the heavy work sessions of the next few days.

It was the hope of the Project Director that in the course of these work sessions it would come to be realized that the practice of psychology with deaf individuals is a distinct professional specialty which, like all other professional specialties, cannot be achieved without special preparation and training.

FUNCTIONS OF PSYCHOLOGICAL SERVICE PROVIDERS TO THE DEAF

As the work groups began their task of defining functions and designating competencies, it seemed likely that two issues might hamper their deliberations: first, the marked heterogeneity of the work groups in regard to discipline, background, and experience; and second, the problem of designating which functions were specific to which setting.

Information previously distributed to conference participants had provided the following broad differentials concerning setting and related psychological specialists: (1) school psychologists are those who deal mainly with school-children and involved figures, and assist schools in the development of all children and in the identification and management of atypical children; (2) clinical psychologists are those who deal mainly with individuals presenting problems of personality, emotional adjustment, or mental illness and can be found mainly in mental health settings; (3) counseling and rehabilitation psychologists are those who use their specialized training in the educational, vocational, personal, and rehabilitation counseling of the physically or mentally handicapped or others in need of and seeking guidance.

However, in regard to the deaf, many settings cut across age groups as well as psychological problems, hence deal with similar situations. As it turned out, the issues diminished in importance as discussions progressed. In fact, the heterogeneity of the groups proved an asset since, because of their very diversity, it became possible to branch out over a far wider range of experiences, viewpoints, and proposals than would otherwise have been possible. Actually the greatest handicap proved to be the limitations of time under which the groups were working. It was agreed that what could not be dealt with at this first Conference would be scheduled for a subsequent meeting.

The following represents in summary what was accomplished in regard to "functions" at the Spartanburg Conference.

Functions Actually Performed by Psychological Service Providers to the Deaf

It was the judgment of several of the work groups that a good way to start discussion moving was with a run-down of the functions psychological

service providers to the deaf were actually performing. From this beginning, discussion could progress to a consideration of the functions they should be expected to perform. Accordingly, in Work Group 4 (Hearing and Speech setting) each participant was asked by the Group Leader to list the psychological services conducted in that person's particular facility. The composite list is quoted as follows:

1. Provide basic support to staff who deal with the hearing-impaired
2. Testing services
3. Counseling
4. Family planning and adjustment
5. Interpretation of test results to staff and parents
6. Coordination with other specialists
7. Collection, analyses, and dissemination of research data
8. Obtaining basic background and case history information
9. Providing inservice growth for staff (teaching, work shops, etc.)
10. Early identification of hearing-impaired children
11. Group services for deaf adults: counseling, life planning, etc.
12. Set up general program of psychological services
13. Interpreting psychology of hearing-impaired to other professionals
14. Training other psychologists
15. Counseling for vocational planning and adjustment
16. Developmental assessment of young children
17. Maintaining professional organization affiliations
18. Develop and implement objective measurement instruments and norms
19. Clearing house for other agencies in community
20. Communication with parent groups, legislative groups, community agencies
21. Publicizing services; aggressive case finding
22. Collaboration in case management
23. Psychotherapeutic intervention
24. Developing and evaluating new programs for the multi-handicapped and the exceptional
25. Counseling older adults; progressive hearing loss
26. Effecting real world contact for deaf groups; planning for affective, social and expressive experiences
27. Planning and developing physical facilities suitable for psychological practice (getting us out of closets)
28. Advocacy services
29. Plan parent programs
30. Educational guidance
31. Counseling for acceptance of disability
32. Teaching (teacher-training programs and others related to deafness)
33. Write grant applications

34. Planning and effecting improved quality of programs and services
35. Outreach to deaf circles for an 'inner' look
36. Group counseling
37. Crisis intervention
38. Counseling for management of day-to-day problems
39. Recruiting other professionals to serve the deaf

It is noted again that this is a composite listing and does not represent all the functions expected of individual workers, although there are numbers of full-time experienced psychologists to the deaf who do perform almost all these functions single-handedly. One of the participants reported on her facility in which comprehensive services are rendered and sufficient staff is usually available. Here, psychological functions are generally divided up among staff members, either psychological staff, or among the psychologists and such related professionals as social worker, counselor, etc. Another participant reported that in his facility in which comprehensive services cannot be rendered because of insufficient personnel, certain basic ones are carried out on an ongoing basis. Others may be added from year to year as needs dictate and staff permits, while still others are dealt with on a referral basis.

But however and wherever psychological services are conducted for the deaf, the consensus of the Conference was that they should be 'quality' services; that the deaf deserve no less.

Conference Summary of Expected Functions

The summary in this section outlines psychological functions expected of service providers to the deaf. It was drawn together from the discussions of all five work groups. As such, it can be thought of as a resource pool from which specific functions related to particular settings and situations can be drawn. It is anticipated that refinement of the summary into specific functions for particular settings will be made at a future conference in conjunction with setting up guidelines for training programs.

SUMMARY OF FUNCTIONS

I. **Service to the Individual**
   - A. Evaluation (assessment, diagnosis, differential diagnosis, intake, developmental profiles, eligibility, etc.)
     1. Case history (including multidisciplinary team findings)
     2. Testing
     3. Observation
     4. Interview
   - B. Integration of psychological and team findings
   - C. Interpretation of integrated findings
   - D. Recommendations

E. Recording
F. Reporting (written and/or person-to-person)
   1. To individual client, where feasible
   2. To parents
   3. To facility administration and staff
   4. To involved professionals and agencies
G. Treatment
   1. Remedial intervention
   2. Placement
   3. Environmental re-structuring
   4. Counseling (client, parents, involved figures)
   5. Agency contacts and referrals
   6. Psychotherapy
   7. Crisis intervention and prevention
   8. Referral to other professionals and resources
   9. Cooperation with treating physician as in pharmacotherapy
   10. Special programs as for multihandicapped
H. Follow-up
   1. Evaluation of recommendations and treatment
   2. Re-assessment of individual as required
   3. Patterning of new recommendations and treatment as required
I. Case-finding

II. **Service to the Facility**
A. In-service training of facility personnel
B. Foster preventive mental health philosophy and practices
C. Assist the administration in decision-making
D. Assist the administration in program evaluations and the development of new programs
E. Provide consultive services to facility personnel
F. Assist in personnel screening and problems
G. Publicize services and programs
H. Promote inter-agency contacts and collaboration
I. Provide consultive services to 'outside' agencies and professionals
J. Recruit other specialists

III. **Services to the Community** (Deaf and Hearing)
A. Interpret the implications of deafness to public, community, parent, and professional groups
B. Serve as advocate for the deaf in community actions such as mental health, legislative, educational.
C. Act as friend to the deaf community: interpret hearing world, input current happenings, stress and interpret mental health to deaf individuals and families

D. Outreach to every available forum including mass media for public education and relations
E. Recruit quality workers for the field
F. Foster programs of preparation for such workers
G. Serve as community consultant on problems and issues involving the deaf

IV. **Research**
A. Keep up with current research
B. Identify significant problems for research
C. Conduct research where feasible
D. Maintain records that can be used by researchers
E. Cooperate in selected research where feasible
F. Stimulate spirit of inquiry in staff
G. Review and analyze significant research with administration and staff and consider utilizing where feasible
H. Disseminate own research publications

V. **Administration and Supervision**
A. Supervise staff psychological workers
B. Program in-service training for staff psychological workers
C. Provide orientation training for interpreters working with psychologists
D. Supervise psychological internes and 'outside' trainees
E. Evaluate psychological workers and psychological program
F. Self-study program to improve services
G. Maintain psychological equipment, test file, publishers' catalogues, etc.
H. Maintain psychological report file
I. Maintain psychological reference library

VI. **Continuing Professional Development**
A. Maintain professional and personal integrity
B. Maintain membership and participate in activities of professional organizations
C. Keep current with related literature
D. Initiate and participate in professional institutes, workshops, conferences, continuing education courses, etc.
E. Cooperate with and serve as resource person to other professionals

Amercian Psychological Association Delineation of 'Psychological Services'

For purposes of comparison with the functions of psychological service providers as delineated by the Conference, the following definition of 'psychological services' is presented as proposed by the Task Force of the

American Psychological Association on standards for providers of psychological services (American Psychologist, 1975). The statement is quoted as follows:

> The noncapitalized term "psychological services" refers to, but is not limited to, one or more of the following:
>
> A. Evaluation, diagnosis, and assessment of individuals, groups, and programs.
>
> B. Interventions for the remediation and facilitation of the functioning of individuals and groups, such as psychotherapy, counseling and behavior therapy.
>
> C. Program development services, including those relating to client habilitation and rehabilitation; training of staff in personnel development and management procedures; community participation and development; or company, institutional, and organizational policies regarding human resources.
>
> D. Consultation relating to the following: (a) clients (individuals, families, organizations, agencies, or educational institutions); (b) the administration and operation of facilities or organizations; (c) the community served by the individual, the facility, or organization; (d) the training and education of psychology staff; and (e) the conduct of research, research design, and dissemination of psychological research findings.
>
> E. The teaching of psychology in accredited academic institutions, per se, is not considered a psychological service that would require a state license, or certificate, or endorsement by the state psychological association by voluntary certification. (p. 687)

Conference participants had no access to this statement at the time of their deliberation on functions, since its publication took place some time after the conference. All the more noteworthy therefore is the similarity between the APA summary of psychological services and the somewhat more elaborate summary formulated by the Conference.

Points of Special Emphasis

The following are points of special concern raised by most of the work groups. They are quoted or paraphrased from group discussions.

The Tester Image: It was generally agreed that it was important to get away from the framework of psychologists as 'testers'. "This image is perpetuated by schools, employers, state departments, and by psychologists themselves, particularly those who do not feel secure enough with the deaf to do other than test. There needs to be broader outreach and public education in the field in behalf of psychologists: what they are and how they function."

The Team Role: "A unique feature of a psychologist's work with the deaf involves establishing relations with a far greater number of involved

professionals and other personnel than is common to psychologists in non-deaf practice. Such team members include: family, educators, work evaluators, vocational rehabilitation personnel, vocational instructors, interpreters, physicians, ministers, audiologists, work adjustment personnel, welfare counselors, employers, and more. The psychologist needs to think "team", and must include as a major function the establishment of effective team relations."

Reporting: General dissatisfaction was expressed by all groups with the manner and language in which psychological reports are composed. Instead of conveying a meaningful and useable message, many reports do little more than review test results in technical terminology, thereby rendering them pretty useless for those who need to know, as one group expressed it, "where the client was; where he is; where he should be; and how to get him there." "Psychological reports should be precise, concrete, practical and prescriptive in nature, and should reflect the psychological, social, medical, family, and educational background in relationship to feasible, relevant recommendations." One of the participants further stressed the need to gear the language of a report to the comprehension of the receiver and stated that her reports on a given client were differently composed for parent, physician, rehabilitation counselor, and fellow psychologist.

Comprehensiveness of Evaluations: Another point of emphasis had to do with the fragmented nature of evaluations of the deaf with a tendency to reflect the setting in which the evaluation was made rather than the status of the individual. "There needs to be more concern for the totality of the individual, with members of evaluation teams in various settings improving communications among themselves in the service of the individual. There also needs to be recognition of the need for some deaf persons to be re-evaluated on a regular basis. This is most important for deaf persons with multiple handicaps and with the very young, with the major stress on the structuring of behavior rather than on such fragments as 'verbal' and 'cognition'."

The Time Element: Another important point of difference between psychological work with the deaf and the non-deaf is the time required, and the patience involved. Someone at some point in time computed that it took about four times as much of each in work with the deaf. The point was also made that vocational rehabilitation counselors are frequently faced with a quota system where they must rehabilitate a certain number of clients a year. "It must be recognized that working with deaf clients can take considerably longer than with the non-deaf for both rehabilitation counselor and psychologist alike."

Research: Research is included in this section not because it emerged as a topic of special concern in discussion but because of the lack of discussion in its behalf. Granted there was heavy weighting at the Conference in the direction of service, nevertheless it is the service people who do the

utilization of research and it would be expected that they would have some comments to make in this regard. The one group that devoted any time to the subject was of the opinion that psychological research with the deaf had little to offer the 'utilizer', and categorized current investigations as of the "so what" variety. If the deaf are to profit from the findings of research, it is obvious there must be closer collaboration than there has been between service providers and researchers.

The following sentence quoted from the discussions of Group 1 seems an appropriate conclusion to this section on functions: "The psychologist to be effective must function in the clients' environment, and not in the four walls of an office."

SPECIAL COMPETENCIES OF PSYCHOLOGICAL SERVICE PROVIDERS TO THE DEAF

As previously noted, it was the consensus of all the work groups that deaf persons have the same need for and the same right to quality psychological services and competent workers as do the non-deaf. But it was also emphasized that competency in psychological practice with the deaf is not achieved simply through academic psychological training nor in terms of academic degrees. Over and above these, a psychologist to the deaf must possess unique special competencies that will equip him to establish as close rapport-relations with deaf individuals as psychologists to the non-deaf establish with their clients.

The text of this section considers what the special competencies are that enable a psychological service provider to carry out his functions effectively with a deaf clientele.

The Psychologist as a Person

It was recognized by several work groups that there are psychologists whose personalities cannot 'fit' into the frame of operations required for work with a deaf clientele; and that there are others in whom the very disability of deafness arouses inner tensions and anxieties that make themselves manifest in ineffective client management. A major area of competency therefore involves the personal qualifications of the psychologist for serving the deaf. As one group stated the case:

"More attention should be paid to the recruitment and selection of psychologists for deaf persons. Because of the nature of the work, such personnel need to possess particular personal attributes. Colleges, universities, agencies, associations, and various units of government define what a psychologist should be, but not so well defined is the need for the psychologist to be truly aware of his/her self. There should be continuing self-appraisal on the part of the psychologist. The psychologist should feel free to admit "I don't know, but I'll find out" rather than couch reporting in uncertainties, unknowns, and vague generalities."

This group also stressed that psychologists to the deaf need to possess basic human inter-active skills involving empathy, rapport, and understanding; and that such skills over-ride competence in communication methodologies.

Another group stressed the need for flexibility not only in order to work with deaf clients of all levels of ability, skills, and adjustments, but also in working with the rehabilitation team whether as leader or member.

Among other personal qualifications stressed were: the ability to be satisfied with small gains and recognize small progress; exceptional respect for confidentiality; humility; and above all patience.

Function-Competency Relationships

One of the work groups drew up the following schematic outline to indicate the competencies required to carry out a given function. Categorically, a number of competencies appear no different from those required with the non-deaf. However, their setting lies within the deaf subculture, and the differences are derived from the related complexities so introduced.

Function	Special Knowledge, Competencies
1. Evaluation	
Observation	Knowledge of deaf "body language", gestures, motor mannerisms, habits
	Ability to distinguish between normal and abnormal deaf behavior
	Ability to detect pathological signs
Interview/Intake	Ability to use communication mode used by client
	Ability to work with interpreter
	Ability to "think deaf" conceptually
	Familiarity with deaf environment, community, and subculture
	Perception of significance of special information in client's history
	Ability to gauge and use interview approach conceptually and linguistically appropriate for a given client
Testing/Reporting	Ability to select appropriate tests for a given client
	Ability to apply history data in test selection and interpretation

Function	Special Knowledge, Competencies
	Ability to get test directions across to client preferably through direct communication
	Ability to understand/read clients responses to test tasks
	Ability to interpret and report test results to client, parents, and team in terms and language comprehensible to each
	Ability to interpret test scores realistically, not test-bound
Interpretation/ Recommendations	Knowledge and ability to integrate history data, psychological findings, and team reports into a total picture of the client as a human being
	Knowledge of the technical language of the team disciplines
	Ability to perceive need as required for ongoing evaluations and reassessments
	Knowledge and ability to make sensible recommendations in line with client's status, potentials, and the potentials of remediation in the particular case
	Knowledge of service-referral facilities and community resources
2. Techniques of Treatment a. Counseling and Psychotherapy	Knowledge of theories and techniques of counseling and psychotherapy, and their application to the deaf population in general, and to the deaf client in particular
	Knowledge of special problem areas in the world of the deaf, e.g. marriage, drugs, etc.
	Knowledge of possible disabling effects of additional disabling conditions, e.g., Usher's syndrome

Function	Special Knowledge, Competencies
	Knowledge of recognized interpreter resources and ability to orient and work with interpreter
	Ability to communicate directly with and gain confidence of client
	Sensitivity to heterogeneity of deaf population
	Knowledge and ability to make proper referrals to effective and responsible referral resources and other professionals, and of securing communication assistance for client if required
	Ability to accept deaf person as a person and involved in decision-making
(1) Vocational Counseling	Basic knowledge of the deaf job market, vocational placement problems, and occupational conditions among the deaf
	Ability to aid client in using his vocational interests in vocational training
	Ability to identify causes of vocational failures and deal with them
	Knowledge of community resources for vocational assistance
	Ability to impart to the client the realities of the occupational world and of his place in it
	Familiarity with theories of vocational development as they apply to the deaf
(2) Sex Counseling	Knowledge of sex research literature on the deaf
	Knowledge of 'sex education' provided the deaf
	Awareness of behavioral patterns of the deaf in the sex area
	Knowledge of resources for genetic counseling

	Function	Special Knowledge, Competencies
(3)	Addiction	Knowledge of popular drugs in current use, their effects and treatment resources
		Familiarity with the drug situation among deaf, including alcoholism
		Commitment to guard confidentiality
(4)	Legal Counseling	Knowledge of effective legal resources available to the deaf (lawyers who sign, interpreters who handle legal terms, etc.)
		Knowledge of basic rights of deaf people and special legal rights of the deaf (right to an interpreter, to drive, etc.)
(5)	Parent/Family Counseling	Knowledge of potential impact of deafness on husband/wife relations, siblings, relatives, home community
		Knowledge of family patterns among the deaf, principal problems
		Knowledge of instructional and educational resources available for deaf children of all ages
		Knowledge of orientative and 'adjustment' literature designed for parents of deaf children
(6)	Crisis Intervention	Ability to use good judgment and make quick decisions
		Knowledge of all community resources available to deaf population
		Willingness to be available whenever needed
		Ability to develop a crisis system program for the deaf in a particular area and inform involved agencies and professionals
(7)	Service Referral	Ability to give deaf client clear understanding of reason for and nature of referral services

Function	Special Knowledge, Competencies
	Extensive knowledge of service facilities
	Ability to perform follow-up on both services and client cooperation
(8) Pharmacological Therapy	Knowledge of use of psycho-chemotherapy
	Knowledge of behavior results of chemotherapy both normal and abnormal; and ability to detect latter
	Skill in communicating to client the purpose of medication and importance of proper usage
	Sufficient knowledge to work intelligently with treating physician as well as with deaf client in pharmacological therapy
b. Placement	(As in 'service referral' above)
3. Follow-up	
a. Evaluation of treatment	Perception of the need for periodic case review: what was the problem? what was done? where is the deaf client now? what more needs to be done?
	Ability to respect identity of client as an individual, and not a dependent
	Ability to develop and maintain records for review
4. Special Areas of Concern	
a. Advocacy	Knowledge and ability to interpret not only needs but also abilities and talents of the deaf to the general public; seek opportunities to do so
b. Outreach	Acquiring knowledge of and sensitivity to the needs and events in the deaf community by getting out of the office and mingling with the community

Function	Special Knowledge, Competencies
c. Public Education	Ability to service public education needs of the deaf community as well as the hearing and professional public
	Ability to perform public education/ advocacy services in behalf of the deaf by involvement in relevant legislative, social, community and political activities.
d. Research	Working knowledge of research techniques in order to keep up with research on a continuing basis in both psychology and in the area of deafness
	Ability to maintain records usable to researchers

Conference Summary of Special Competencies, Knowledge, Skills

Most of the special competencies required in psychological practice with a deaf clientele have been spelled out in the preceding comprehensive summary. The following is a composite digest of special competencies reported by all the groups. In regard to the competencies listed, a quote from the report of Group 5 seems particularly appropriate: ". . . there was general agreement that we, as professionals, must set up *high criteria* for competence in our field. Reality may fall short—that's life. State or federal standards (for certification or employment) will differ from what we do because they describe *minimum* standards. But we want to improve the field, so we have to aim high."

SUMMARY OF SPECIAL COMPETENCIES

I. **Communication and Communicative Relations**
   A. With deaf individual
      1. Sign language, expressive and receptive
      2. Body language and other nonverbal modes
      3. Fingerspelling
      4. Oral/aural communication modes
      5. Use of interpreter, oral or manual
      6. History, philosophy, and development of communication methods; outcomes and issues involved
      7. Current trends and their rationale

8. Language and communication processes used by the deaf: mediation; range and character of verbal concept levels; language development, retardations, pathologies; research

B. With deaf community
   1. Knowledge of deaf subculture
   2. Knowledge of deaf community needs, issues, activities
   3. Skills and abilities to participate in deaf community affairs

C. With multidisciplinary team members
   1. Knowledge of the practices of the various disciplines, the implication of their findings, their technical vocabularies
   2. Ability to report psychological findings and recommendations to team members in comprehensible terms
   3. Knowledge and ability for effective collaboration in team communications

D. With parents
   1. An understanding in depth of the impact of deafness on hearing parents
   2. Sufficient sensitivity to effect non-traumatic counseling
   3. Ability to guide deaf parents of hearing children in rearing practices and mental health insights
   4. Knowledge of educational and other referral resources
   5. Knowledge of special educational practices with the deaf

E. With interpreters
   1. An understanding of the techniques and practices of good interpreting
   2. Knowledge of resources for securing certified interpreters
   3. Ability to orient interpreter as to the special requirements, responsibilities, and cautions for interpreting in a psychological setting, particularly in the matter of confidentiality

F. With general and professional public
   1. Knowledge and ability (in writing or in addressing) to interpret the implications of deafness, and the assets and problems of deaf individuals
   2. Knowledge of public information and public relations outlets and techniques
   3. Knowledge and ability to serve as advocate for the deaf in community actions and issues (legislative, mental health, education, etc.)

II. **Knowledge of the Deaf including**
   A. The deaf in history: an historical perspective of attitudes
   B. Defining the deaf: problems and current terminology
   C. Language and communication aspects of deafness
   D. Educational history and practices

E. Psycho-social aspects of deafness
F. Psychopathological aspects of deafness
G. Range of variation in the deaf population—heterogeneity
H. Vocational picture and occupational conditions
I. The deaf professional
J. Educational and rehabilitation programs for the deaf
K. Subcultural structure of the deaf community
L. Major organizations of and for the deaf
M. Research, workshop proceedings, literature related to the deaf

III. **Psychoeducational Considerations** including
A. Strategies of educational intervention
B. Educational practices and philosophies
C. Early childhood educational approaches, including parent programs
D. Administration and organization of schools, programs, services
E. Post secondary opportunities
F. Career and vocational planning, training, placement
G. Learning disabilities and remedial techniques
H. Educational achievement picture
I. Educational referral resources

IV. **Specialized Techniques of Psychological Evaluation** including
A. Knowledge of 'deaf' as above
B. Communicative competence as above
C. Knowledge of theory of test construction and standardization and significance in testing the deaf
D. Skill in employing special strategies, modifications, adaptations, and communications as required for evaluating different types and ages among deaf clientele
E. Ability to detect and interpret varying behavior and response patterns
F. Ability to apply history data in establishing the base of operations to be used with a given client
G. Clinical wisdom and judgment in depth

V. **Knowledge of Treatment Techniques** including
A. Therapy: individual, group, and family
B. Knowledge of intervention techniques that are more active and body-oriented than verbal such as behavior modification, play therapy, role playing, etc.
C. Knowledge of techniques of crisis intervention
D. Knowledge of appropriate referral resources, agency and professional, and their operations and practices

E. Ability to organize inservice training and counseling services for involved individuals and groups such as parents, child care workers, teachers, other psychologists, paraprofessionals, etc.
F. Skills in interpreting and communicating treatment rationale to recipient and other involved figures
G. Ability to intervene and/or support services provided by other professionals, and to generate needed services
H. Knowledge of educational and rehabilitation techniques used with the deaf
I. Familiarity with the range and types of problems most apt to require treatment

VI. **Other Areas of Knowledge**
A. Familiarity with field literature and research
B. Knowledge of psychologically related literature and advances
C. Familiarity with outreach techniques
D. Familiarity with research methodology
E. Exposure to means of self-evaluation and further professional growth
F. Familiarity with methods and means of program evaluation and improvement
G. Familiarity with measurement of hearing, and ability to read and interpret audiograms and understand the principles and practices of amplification
H. Ability to organize and conduct programs of inservice training, workshops, seminars, etc.

One of the work groups came up with a digest of "minimum standard" competencies required for effective psychological practice with a deaf clientele. These included:

1. Ability to use the full range of communicative modes, both receptive and expressive, used by deaf persons
2. Knowledge of the implications of the various degrees and types of hearing loss and their amplification possibilities
3. Knowledge of the deaf culture, the deaf community, and deaf persons
4. Knowledge of the full range of potentials and abilities of hearing impaired persons
5. Knowledge of the language, thinking patterns, and concepts to be found among the deaf
6. Knowledge of psychological techniques and psychometrics appropriate for a given hearing-impaired client
7. Skills in interpersonal relations in working with hearing impaired persons, their families, and other professionals

8. Knowledge of the learning patterns, exceptionalities and educational practices common among the hearing impaired
9. Knowledge of individual differences among the hearing impaired
10. Realistic time-line in work with the hearing impaired

Points of Special Emphasis

Communication: It was the consensus of all work groups that the key competency for work with a deaf clientele lay in the area of communication and in the ability to establish effective communicative relations with every type of deaf client of whatever communicative persuasion. There was much discussion as to the elements that go into the making of communicative competency, particularly with "low-verbal" and marginal deaf clients who pose the major communicative problems. It was emphasized that it was the service provider's responsibility to follow such a client's communicative lead whether expressed in signs, pantomime, gestures, body language, facial expression or any combination of these. It was further stressed that communication with such a client needs to take place not only in his own mode of communication but also in his own language patterns, idioms, and concepts. As expressed by one group, to establish effective communicative relations with marginal deaf clients, it is necessary that the practitioner be able to "think deaf" and "talk deaf".

The Interpreter: It was recognized that the day is still distant when deaf people will have fully qualified, totally communicating psychologists. Therefore, considerable discussion involved the use of interpreters. The relation of psychologist to interpreter was likened by one group to that of surgeon to nurse, both working in tandem to achieve a common goal. It was stressed that it is the responsibility of psychologists to familiarize themselves with sources providing interpreters who are doubly certified in both oral and manual communications. The recommendation was made that psychologists have at their disposal the names of a pool of interpreters with whom they feel comfortable in work relations and from which the selection of an interpreter acceptable to the client can be made. Further, psychologists should be prepared to provide essential orientation to the interpreter regarding work and behavior in a psychological setting. On his part, the psychologist should develop the insight and skills necessary to work productively with interpreters.

Litigation Issue: One of the groups brought up an important point bearing on worker competence. This was the matter of litigation and malpractice. To quote from group discussion:

"The right to equal educational opportunities, the growing sophistication of parents, and other movements have made litigation a part of the life of the psychologist and of his employing agency. When litigation occurs, and malpractice is charged, the certified psychologist is in a considerably better position to argue the charge than is a nonpsychologist psychological

service provider or an uncertified psychological practitioner. The employing agency also benefits. The best protection against malpractice is competency, and competency comes from excellent training programs."

The Basics of Competency: Finally, it was the consensus of all work groups that psychologists working with deaf persons must first meet the requirements and qualification standards of their own professional organizations. To these are added the exceptional requirements which make practice with the deaf a specialty in its own right.

TRAINING AND CERTIFICATION

The complicated issues of training and certification warranted considerably more time than was available at the Spartanburg Conference. During the course of group discussions, the Conference found itself faced with questions concerning such issues as the training of psychological service providers currently on the job who could not obtain training leaves; the training of incoming workers; of full-time workers, part-time personnel, partially prepared workers, psychological aides, paraprofessionals, and psychologists serving in "mainstream" schools. The kinds of personnel providing various types of psychological services added its complications. One of the Conference groups listed such personnel as including: dormitory counselors; house parents; denominational workers; vocational rehabilitation counselors; social and welfare workers; school, clinical, and counseling psychologists; psychiatrists; psychometrists; guidance counselors; audiologists and speech therapists.

It was recognized that the responsible worker is always eager to improve his skills and broaden his knowledge. The problem facing the Conference was how to lay the groundwork for the kinds of training strategies and programs that would meet the varying needs of this highly heterogeneous group of workers, all of whom were rendering one or another aspect of psychological service to the deaf. The text that follows discusses in summary how the Conference coped with this assignment.

Selection of Trainees: Personal Characteristics

As in the discussion of competencies so in the discussion of training, a prime concern of the Conference was the matter of the personal characteristics required of individuals preparing for work with the deaf. Some of the desired traits emphasized by Conference members included the ability to establish good relationships with people; a desire to work with people; a liking for people. It was noted that a promising trainee will not be ambitious in the sense of clamoring for notice, leadership or dominance, but would rather function as a good team member, supportive, willing to pitch in where necessary and work for more than nine to five. Further, he would be a

balanced person, self-aware, sensitive, and empathetic. Above all, the person would feel "at home" with deaf people, comfortable and relaxed. On the negative side, one Conference member commented, "It's important to beware of people who enter the field because of their own inferiority feelings; people who want to work with the deaf because it makes them feel less inferior. And beware the student who is good at getting high grades, but can't handle work situations." Also stressed were: a sense of humor; the ability to tolerate frustration; and the ability to make quick decisions and flexible adjustments to new situations, varying personalities, and varying age levels.

As the list of desired characteristics grew longer and increasingly heroic, one of the Conference members brought the deliberations back to earth again with the comment: "The psychologist who attempts to be all things to all people will end up by being nothing to everyone." Nonetheless, it was the consensus of the Conference that psychological service providers to the deaf need to be rather special people with exceptional personal characteristics.

The problem of how to screen for personal characteristics in the selection of trainees was met with several suggestions. One Conference member felt it was the responsibility of the training program to monitor progress and to "counsel out" those students whose performance indicated serious deficiencies in the personal sphere. He suggested further that employers take advantage of a probationary period for such screening. The former suggestion brought up a number of opposing reactions revolving about a program's commitment to its students once they were accepted even if it turned out they were not as capable as hoped for. The response to this position was that the first consideration and the first concern of training programs were the deaf, and that a training program's overriding obligation was to the ones served. Another screening suggestion recommended the use of the social work model, namely: two days of classes and three days of work placement with very intensive, highly structured evaluation, all concurrent. A further suggestion along these lines was to move internship to an early position in training for earlier evaluation opportunities on the part of the supervisor, and for earlier opportunities for the trainees to get the feel of the work on which to base their own self-appraisals.

To sum up, it was the Conference consensus that it is a training program's ethical responsibility to the field and above all to the deaf to turn out personally and professionally responsible workers; that screening for personal characteristics is an important part of a training program's obligations; and that an effective way of conducting such screening is through expert observation in an actual work situation over a sufficient period of time. In answer to the question "What is a 'responsible' worker?", one of the Conference members made reference to the A.P.A. publication, *Ethical Standards of Psychologists*, and to its following summary statement:

"The psychologist believes in the dignity and worth of the individual human being. He is committed to increasing man's understanding of himself

and others. While pursuing this endeavor, he protects the welfare of any person who may seek his service or of any subject, human or animal, that may be the object of his study. He does not use his professional position or relationships, nor does he knowingly permit his own services to be used by others, for purposes inconsistent with these values. While demanding for himself freedom of inquiry and communication, he accepts the responsibility this freedom confers: for competence where he claims it, for objectivity in the report of his findings, and for consideration of the best interests of his colleagues and of society." (p. 1) (See also Gredler, 1974)

Training Strategies

As was to be expected, it was the consensus of the Conference that no one training model could be developed that would meet all training needs. One of the groups submitted the following listing of various types of training approaches that might be suitable for particular situations:

1. Full-time, formal academic training
2. Summer institutes of from 6 to 8 weeks
3. Short-term study institutes of from 1 to 3 weeks
4. Extension courses, evening classes, part-time study
5. Lengthy and intense supervised internship
6. Shorter term practicum and observation under supervision
7. Inservice training
8. Tutor-training on a one-to-one basis, living with a deaf family, one to one relationship with a deaf person
9. Weekend retreats
10. Professional workshops of hours or a few days duration which might provide a way of reaching groups of psychologists with scant contact with deaf people.
11. Media training packages; programmed learning

An approach strongly recommended for consideration by two Conference groups involved the establishment of Regional Resource Centers or Regional Training Centers around the country where individuals could be assessed as to the skills they already possessed for work with the deaf, and where a program could be developed for them to broaden and sharpen their competencies and to fill in the gaps in qualification. As envisioned by one of the groups "Such a Center would enable the individual to be able to gain the extra training required. The Center would be responsible for setting up short or long-term training programs and would also be responsible for setting up traveling workshops for training in specific regions". It was also suggested by the group that the Regional Resource Center should be able to evaluate all paraprofessionals in psychological work and offer such workshops as would be helpful to these personnel. As summarized by the group "The idea basically is that the Regional Resource Center would be able to tailor programs to the needs of the individuals and train them to the highest proficiency in their specific areas."

Also mentioned in the course of discussion as possible training resources were the expansion of course offerings in existing training and orientation programs on the deaf as offered in academic institutions, and the concepts of consortia, floating universities, and colleges without walls.

One of the Conference groups summarized the principal training strategies emerging from Conference discussion as follows:

1. Comprehensive training programs provided at the graduate level for psychologists based on one national model training program
2. Regional Centers offering competency based training programs at varying levels depending on the needs of the trainee, and available to people for on-site training as well as for mobile training in outlying areas, using audio-visual aides and media training packages for supportive purposes
3. Expansion of course offerings in existing programs such as teacher-training, rehabilitation, speech and hearing.

While it was accepted that short-term and summer institute approaches had their place in the scheme of training, one member cautioned that "If training is too superficially done, we will be in a worse situation than if we do no training." In defending summer institutes, a deaf Conference member made a point of the need for deaf psychologists to have an opportunity to communicate and interact with other psychologists. "Those who are working in settings away from Gallaudet College have little opportunity to meet with other psychologists and to keep up with the new developments in the field." The summer institute provides this opportunity.

In regard to psychologists who are deaf, the question was asked if a dichotomy were developing of the deaf and the hearing as psychologists. The consensus was "no"; that the same competencies were expected of psychologists who were deaf as of those who were not. There was consensus among all psychologists at the Conference who were deaf that deafness itself was not a qualification; that the first qualification should be that the person, whether deaf or hearing, is a good psychologist.

It was the strong recommendation of the Conference that whatever the design of training programs or centers, they be located in areas where there would be ample support population of professionals experienced in work with the hearing impaired, as well as a heavy available population of hearing impaired persons and organizations of deaf people.

Another point of strong, unanimous emphasis was the critical necessity for rigorously supervised internship as part of the training programs, or of practicum in conjunction with course work if the program could not accomodate internship training. As expressed by one Conference member: "Theory and course work alone do not equip trainees for actual work experiences with the deaf."

Other points of special interest to the work groups included questions relating to:

1. *Supervision:* In view of the scarcity of fully qualified psychologists experienced in work with the deaf, the question arises concerning who shall function as supervisor of trainees and director of training programs. One of the groups felt that, for lack of psychologists to do the job, internships could be supervised by psychologically trained and experienced counselors of the deaf as an interim measure. The large majority of the group were of the opinion that such a counselor should be psychologically oriented and well experienced in work with deaf clients.

Another group felt that a person in order to work as supervisor or director of a training program should have had psychological experience in four different settings serving a deaf clientele: school, mental health, rehabilitation, and speech and hearing. It was agreed after some thought that this expectation would be rather in the nature of an unattainable ideal; that persons working in one setting seldom have the opportunity to move into other settings for broadened experiences. It was suggested that in regard to the trainees, a revolving, supervised practicum could meet some of the multi-setting experiences needed by trainees and psychologists to the deaf, or on a yet simpler scale, supervised observation could be conducted in a variety of settings.

Finally, an opinion was expressed by one group that trainees should be under the supervision of a person in the field who is closely involved in advocacy. To quote a group member: "Most psychological training dictates that you do not 'advocate'. However, we must emphasize the importance of breaking that tradition when it comes to working with the deaf. Advocacy training is an essential need for psychologists in this area."

Although the knotty problem of finding the right supervisors remained an open question at the conclusion of the Conference, it was generally agreed that supervisors and program directors require ample experience with the deaf in order to acquire credibility, acceptability, and accountability.

2. *Psychologists Who are Deaf:* Two Conference groups in particular expressed opinions regarding this topic. Both felt that qualified deaf persons should be encouraged to become psychologists, and toward this end are entitled to quality supportive services whether for training or for practice. There should also be an opportunity for deaf persons already psychologists to upgrade their training. One of the groups pointed out that at present this opportunity is practically shut off what with the lack of funds for training and interpreters.

3. *Training of Paraprofessionals:* The recommendation was made by one group that programs be developed whereby trained and experienced psychologists in the field could train paraprofessionals and psychological aides in both basic psychology as well as in various areas of need in their work with the deaf.

4. *Training of Interpreters:* The recommendation was made by the same group that there be programs of training for interpreters under psychological

supervision concerning basic psychology as well as the basics of psychological practices with the deaf.

5. *Confidentiality:* The need for ethical responsibility and particularly for confidentiality was emphasized by all Conference groups as a major obligation of all types and levels of mental health workers with the deaf. It was pointed out that the deaf community is a tightly knit, "gossipy" group in which "everyone knows everybody else all over the country." It would be most harmful to clients as well as to the mental health move in general to violate the privacy of psychological services. It was the strong conviction of the Conference that this point needs to be stressed in all types of training endeavors.

Training Content

Although it is customary to think of program content in terms of 'courses', there was a marked inclination among the work groups to consider competency as more realistically useful than course titles, and competencies more important than academic degrees. As expressed by one Conference member: "I'm concerned with what we mean by 'course work'. Current revision in teacher certification is getting away from numbers of credit hours in certain areas, and is instead concerned with actual competence and areas of competence. For example, in the area of communication, related subsets would include speech, language, English, etc. Training would be concerned with the kinds of knowledge one needs for proficiency in these subsets. So, the question is, should we have course titles or should we be more explicit about competency-training?"

Acting on this concept, one of the Conference groups re-aligned the Summary of Special Competencies on page 52 in terms of "cluster areas" and training subsets as follows:

COMPETENCY-BASED TRAINING SUB-SETS

Cluster Area	Related Training Sub-sets
Communication	Sign language, expressive and receptive
	Fingerspelling
	Oral/aural communication and processes
	Body language and all other non-verbal modes
	History and development of communication modes
	Current trends and variations

Cluster Area	Related Training Sub-sets
Communication (Continued)	Process of language and communication Range and character of verbal and conceptual levels Relation between language and development Language deviations and pathologies
The Deaf Environment	The deaf in history Defining the deaf Current terminology Language and communication aspects Intellectual and educational attainments Psycho-social adjustments Vocational status Professional picture Heterogeneity and the range of abilities The deaf community: cultural patterns, organizations, family patterns, etc.
Psychoeducational Factors	Philosophies of education Impact of hearing impairment on learning Strategies of educational intervention Early childhood education; parent programs Post secondary opportunities Career and vocational training Learning disabilities and remedial techniques Organization and administration of school programs and services
Psychological Evaluation	Depth understanding of deafness in terms of etiology, effects, limitations and expectations, related handicapping conditions especially visual Effects of deafness with and without other handicapping conditions on: selection, use, modification and adaptation of tests and on interpretation of patterns of test performance and behavioral response

Cluster Area	Related Training Sub-sets
	Knowledge of test construction and development
	Referral sources, agencies, programs
	Significance of case history information
	Significance of team 'input'
Treatment	Therapy: individual, group, family
	Action-oriented intervention techniques
	Reporting techniques
	Patterns of interpreting evaluations and treatment information to others
	Techniques of inservice training for mental health workers, parents, paraprofessionals
	Intervention and supportive methods used with other professionals
	Techniques of interviewing
Other	Advocacy and outreach techniques
	How an interpreter functions
	Methods of self-evaluation and professional growth
	Research techniques; appraisal; proposal-writing
	Administrative and management techniques
	Grantsmanship and funding agencies
	Information sources and service resources

In submitting the above outline, the group commented: "Think of these (subsets) as topics to be covered during training for work with the deaf, and not as courses or course descriptions. A number can be learned outside the classroom; several can be taught in one course. And, of course, this outline is not all-inclusive." One member stated the case as follows: "The emphasis (in training) should be on output rather than on the design of the training program per se, with stress on the apprenticeship model as opposed to the traditional academic model."

In summary: The Conference was in substantial agreement concerning the following issues:

1. *Training content.* The content of training (areas, courses, internship, practicum, etc.) should be service oriented and in direct line with the skills

and knowledge required to carry out job responsibilities effectively with a deaf clientele. Training should be pinpointed toward establishing competencies rather than toward accumulating course credits.

2. *Levels of preparation.* At the highest level of preparation, the content of training would include most of the skills and knowledge summarized in the section on Competencies, and in the somewhat abridged summary in the preceding section. The basic minimum at this 'highest level' of training would include established competencies in the skills and knowledge covered by the "cluster areas": (a) Communication, language, communicative relations; (b) The deaf culture and environment; (c) Psycho-social and psycho-educational ramifications and implications of deafness; (d) Techniques of psychological evaluation; (e) Techniques of psychological treatment and interventions; and (f) Other, as above. To this core could be added other training areas and subsets as required for psychological practice in a particular setting.

For less intensive levels of training, selections could be made, as required, from the 'highest level' subsets that would meet the needs and job-requirements of the particular trainee.

3. *Basic qualification.* The point was repeatedly stressed by the Conference that "regardless of training level, the individual as a psychological practitioner must first meet the qualifications requirements of his own professional organizations before specializing in work with the deaf." It was also recommended by several Conference groups that "training in basic psychology should extend to all who function as part of the psychological delivery system whether as interpreter, social and welfare worker, classroom teacher, house parent, counselor, or paraprofessional."

4. *Internship.* There was strong consensus among all Conference groups concerning the imperative necessity of internship at the highest training levels, and of supervised practicum or observation at the lower levels as a prelude to actual work with the deaf. One of the groups commented that "internship at the highest level of training should be extremely broad in order to expose trainees to 'womb-to-tomb' experiences. Trainees should be exposed to experiences with infants, parents, deaf adults, social situations, multiply handicapped deaf persons, the marginal deaf, and more."

While it was not the responsibility of the Spartanburg Conference to detail the specifics of internship training, the total concept and group proposals indicated substantial agreement with those expressed in the American Psychological Association publication, *Accreditation: procedures and criteria* (1973). A few internship program guidelines are quoted from the publications as follows:

a. In regard to clinical and counseling psychology internships

> "Interaction of trainees with a wide range of other professions is desirable, as is collaborative work with representatives of other disciplines." (p. 25)

"The internship must not be overspecialized, but rather should provide supervised experience in a range of activities in the areas of assessment, constructive intervention (e.g., various modes of therapeutic intervention, consultation, program administration, etc.), and research into the applications of psychology. . . ." (p. 26)

"Not only should supervision be qualitatively and quantitatively sufficient, but the trainee should be kept informed of his progress in the program by means of clearly identified evaluative sessions, with timing and content designed to facilitate the trainee's change and growth." (p. 26)

"An internship should comprise at least one calendar year of full time experience or two calendar years of half-time experience. Consortial arrangements, in which different agencies offer separate segments of an internship, are acceptable as long as trainees are appointed on at least a half-time basis and a designated staff member is responsible for reviewing and integrating the total internship experience." (p. 26)

b. In regard to school psychology internships

"The internship is a planned, organized, and structured experience for the intern designed to develop in him a professional identity as a school psychologist. . . . The major part of the internship should be in a school setting." (p. 21)

"The internship experience should not be primarily service directed although it is desirable that it be reality-oriented. That is, the intern should work upon real demands made upon the psychological service department in which he is functioning as intern." (p. 22)

c. In regard to 'practicum' as compared with 'internship'

"The practicum level is an earlier, pre-requisite phase of involvement, usually for academic credit, often on-campus, with a time commitment of 8-16 hours per week. The internship level is half to full-time and usually involves a stipend for the trainee. In addition to practicum and internship experiences, some programs utilize non-service oriented "laboratories" usually associated with specific skills courses." (p. 18)

"Practicum settings should provide supervised training in interviewing, diagnostic appraisal, modes of therapeutic

> intervention, counseling, research and community consultation appropriate to the student's level of experience and area of specialization." (p. 19)

It was the consensus of the Conference that in order to carry out the concepts and recommendations involved in accredited practicum and internship programs, it was essential that training programs for psychological service providers to the deaf be located in institutions with qualified supervisory personnel and in regions that offered a sufficiency of hearing impaired persons, service agencies dealing with deaf clients, a school population of deaf children, and social and recreational centers for deaf adults.

Accreditation and Certification Issues

An accredited program of training is one that is recognized by an authoritative body as excellently designed and prepared to carry out its function of providing optimum educational opportunity and experiences for its trainees. A certified worker is one who is recognized by an authoritative body as excellently trained and prepared to carry out his professional responsibilities.

Issues involving accreditation and certification were included in Conference programming for free-wheeling rather than conclusive discussion since it was recognized that there would be insufficient time available for depth consideration of these topics. However, there was general consensus that the ultimately established programs of training for psychologists to the deaf should be of sufficient excellence to warrant accreditation by an authorized body. There was also consensus that recognition of optimum training and competence to conduct psychological practice with the deaf be granted qualified persons by way of certification by an authorized body.

Suggestions were made that current procedures of accreditation and certification be studied and analyzed as conducted by the Council on Education of the Deaf, the Conference of Executives of American Schools for the Deaf, the American Psychological Association, and various accrediting bodies for university-based training programs and courses of study as providing a possible model for accreditation and certification procedures in the area of Conference concern. Three of the Conference groups attempted to probe more deeply into the subject; but in view of the difficulties of so doing in the absence of as yet established programs of training and established criteria for certification in regard to psychologists to the deaf, little could be accomplished. Nonetheless, a member of one of the Conference groups offered the following resolution regarding qualification-screening:

"Recommendation:

whereas to predict the potential effectiveness of a psychological worker requires the identification of necessary competencies, a way of measuring such competencies, and a technique for the application of relative weights to

such competencies when compiling them to arrive at a predictive procedure, and,

whereas there are demonstrated procedures for combining both objective and subjective variables to arrive at a reliable predictive expression of one's potential for success in a given area, and

whereas the overall competency of psychological workers at a given point in time for a given setting may best be determined by a group of experienced, highly qualified judges, making a global judgement of one's performance,

Therefore, we recommend that the procedure for "certifying" psychological workers for the hearing impaired include the above procedures which have been demonstrated as possible in other areas under a technique known as "policy capturing" or "judgment analysis."

To sum up the opinions of the Conference groups, the general feeling was that certification and accreditation criteria could not be set up as yet. "We are not ready." The observation was made by one group: "We have listed many models for training, but we are not yet prepared to endorse any particular model. We recognize the potentials of current psychological workers with the deaf, but we recognize the need for development in the field and for further and varied training strategies and programs. There must be an emphasis on government support for Training Fellowships for psychological service providers to the deaf, those currently in the field as well as those wishing to enter the field. Finally, it is recommended that the Spartanburg group continue to meet annually until all necessary refinements are made in the ground-breaking achievements and proposals put forth at the Spartanburg Conference." The statement as it stands may be thought of as a substantial reflection of the Conference viewpoint.

SUMMARY: CONCLUSIONS AND RECOMMENDATIONS

The Spartanburg Conference on the training and preparation of psychological service providers to the deaf was a direct follow-up of a national survey of psychological tests and practices with the deaf (Levine, 1974) in which the current state of the art was seen to demand intensive examination and restructure. Participating in the Conference were psychological service providers who were qualified psychologists, those who were not so qualified, psychological service providers from other disciplines, and a variety of consumers of psychological services including direct recipients such as former rehabilitation clients, indirect recipients such as parents, representatives of facilities of various kinds employing psychologists or psychological consultants, representatives of institutions utilizing psychological services on a referral basis, and purchasers of psychological services not directly involved neither as consumer nor recipient, such as government agencies. The interests of the deaf were further represented by local and national organizations of and for the deaf.

The Conference was under no illusion as to how much could be accomplished in the limited available working time. But it was satisfied that it could at least accomplish some basic ground-breaking toward the solution of an issue that has plagued the field ever since psychology first began its practice with the deaf.

Despite the heterogeneous backgrounds of the Conference participants, most of the recommendations concerning basic policies and planning received unanimous support. These together with a re-statement of the Conference objectives are summarized in the text that follows.

Objectives

The broad objective of the Conference was to develop guidelines for the eventual establishment of programs of preparation and training for providers of psychological services to the deaf. Toward this end, the specific objectives were:

1. To review the functions qualified psychologists are normally expected to carry out with non-deaf populations in accordance with their professional training and responsibilities.

2. To analyze and determine the functions expected of psychological service providers to the deaf in the principal settings in which they operate.

3. To analyze and determine the special skills, bodies of knowledge, and special competencies that are needed to carry out these functions effectively.

4. To determine the types of training and courses of study through which such special competencies can be acquired.

5. To propose ideas concerning the issues of program accreditation and worker certification.

Functions

The functions of psychological service providers, whether to the deaf or non-deaf, vary considerably according to the settings in which they operate, the special services administered, the size of the psychological staff, the age range of the clientele and types of problems presented, and in many other respects. However, it was obvious that this first Conference on the training of psychologists to the deaf could not go into the specifics of service for every possible type of setting and situation. The goal had to be more feasibly limited to determining the basic functions such personnel should be expected to perform which cut across settings, and which were common to the group, such as the following:

1. *Service to the individual.* In this major area of psychological service, the principal functions include:

a. Evaluation: This function, alternatively referred to as assessment, diagnosis, differential diagnosis, developmental profiling, intake, and more carries with it the determination of an individual's psychological status through such techniques as case history, psychological testing, clinical observation, and interview. Also involved in evaluation is an integration and interpretation of the findings obtained from all evaluative sources on which to base psychological recommendations.

b. Treatment: The psychological treatment function includes the use of appropriate remedial and psychotherapeutic interventions of various kinds as well as referral to appropriate agencies, other professionals, other programs, and cooperation in treatment situations with professionals from different disciplines.

c. Reporting: In the case of individuals as exposed as are the deaf to 'team' operations, one of the most important services to the individual lies in the clarity of the psychological report as conveyed to involved professionals, the family, and to the client himself.

d. Follow-up: A determination is made concerning the soundness of the psychological recommendations, the efficacy of treatment, and the possible need of the individual for re-assessment; and, where necessary, the patterning of new recommendations and treatment.

2. *Service to the facility.* A strong psychological service program is most apt to be situated in a strong, effectively functioning, forward-looking

facility. Therefore, to help strengthen the facility is an important function of psychologists in the service of their own programs. Some of the ways in which this function is conducted include: (a) assisting the administration in decision-making, program evaluation and development, and in personnel selection and problems intervention; (b) providing consultive services and inservice training for the facility staff as well as to 'outside' agencies and professionals; and (c) helping to publicize facility programs and services.

3. *Service to the community.* With a group that commands as little public understanding and appeal as the deaf, an important function of psychological service providers is to help minimize community barriers to psychological adjustment and rehabilitation. This function is carried out in a number of ways, as for example: (a) outreach to every available forum including the mass media with an interpretation of the implications of deafness and a demonstration of the positive resources of deaf persons; (b) serving as advocate for the deaf in community actions involving such issues as legislation, mental health, education, and all others in which the deaf have a stake; (c) serving as friend and advisor to the deaf community, helping interpret the hearing world, current happenings, mental health issues and preventive measures, and the like; (d) recruiting quality professionals for the field, and fostering programs of preparation for such personnel.

4. *Research.* Although service workers are not expected to be research specialists, nevertheless service profits from utilizable research findings; hence there is a definite obligation of service workers to become feasibly involved in research. Such involvement includes: (a) cooperating with or otherwise assisting responsible researchers and maintaining records that can be used by such personnel; (b) identifying significant problems for research and making these known to the research community; (c) reviewing significant and current research with facility personnel with a view to utilization; (d) conducting own research *where feasible* and disseminate findings.

5. *Administration and supervision.* A smoothly operated, well organized and expanding program requires the psychologist to function not only as a service worker but also as administrator and supervisor, as, for example, in: (a) the supervison of staff psychological workers, inservice training programs, special orientation programs for interpreters, 'outside' trainees, psychological interns; (b) the development of procedures for evaluating the psychological program, for expanding the program, evaluating related personnel, and for integrating the program with other school services; (c) the development of procedures for maintaining psychological records and reports, test files and publisher's catalogues, psychological equipment, a psychological reference library.

6. *Professional identity and progress.* The most valued possession of professional persons is their own professional integrity, reputation, and identity. To maintain these at the highest level is a primary function of psychologists, and can be accomplished in a number of ways, some of which include: (a) maintaining the ethical standards set forth by professional

organizations; (b) maintaining membership in such organizations; (c) keeping current with related literature and current issues; (d) initiating and/or participating in professional institutes, workshops, conferences, meetings; (e) cooperating with and serving as resource person to other professionals; and (f) periodic self-appraisal.

Special Competencies

From the viewpoint of 'category', the functions expected of psychologists to the deaf appear no different from those expected of psychologists to the non-deaf. What differences exist emerge when the functions are operationalized with a deaf clientele. To carry them out effectively with such a clientele demands an array of unique special competencies that are far removed from the working experiences of psychologists to the hearing. In the abridged digest that follows are listed such areas of special competencies and the related skills and knowledge:

1. *Communication, language, communicative relations*

a. With a deaf clientele: To carry out psychological functions with a deaf clientele requires the ability to communicate with the heterogeneous range of persons who comprise such service recipients; and this, in turn, requires the ability to use and understand all modes of communication used in the deaf community including: (a) the sign language in all its variations, both expressive and receptive; (2) body language and other nonverbal modes; (3) fingerspelling; and (4) oral/aural communication modes. Over and above these the psychologist must be able to communicate at whatever the language and concept level of a given deaf client may be. At the lower levels of linguistic and conceptual attainment, the worker must, as expressed by one Conference member, be able to "think deaf" conceptually, and "talk deaf" idiomatically. Where a psychologist has not yet attained such communicative facility, the ability to function effectively through an interpreter is required.

b. With the deaf community: To be able to function as friend and advisor to the deaf community requires all the communication skills already mentioned plus back-up knowledge of the deaf subculture, social habits, family patterns, major concerns and paramount needs and issues as seen by the deaf community, and a warmly sincere, outgoing personality.

c. With multidisciplinary team members: In order to function knowledgably and cooperatively with the multidisciplinary members of habilitation and rehabilitation 'teams' requires an understanding of their technical language, the rationale of their practices and treatments, and the implications for the individual of the team findings.

d. With parents: The ability to function in parent advisement and guidance demands an understanding of the impact of deafness on hearing parents, skill in non-traumatic counseling, and back-up information concerning educational practices with the deaf, educational facilities and other referral resources for deaf children, and techniques of deaf-child management

that can be used in the home, including the use of amplification. In regard to deaf parents of hearing children, knowledge of communication skills is required plus the ability to convey information as required concerning acceptable rearing practices, special strategies, and mental health insights.

e. With interpreters: To function effectively with interpreters requires the psychologist to understand the techniques, practices, and principles of good interpreting, and the ability to orient the interpreter to the special requirements, ethics, and procedures for interpreting in a psychological setting as well as knowledge of the sources for securing interpreters certified in manual and oral methods.

f. With the general and professional public: To carry out advocacy and outreach functions requires the knowledge and ability to convey a clear picture of the implications and ramifications of deafness, to disabuse the public of its negative attitudes and misconceptions, and to provide demonstrable information concerning the assets, resources, and talents of deaf persons.

2. *Knowledge of the deaf: subculture, community, as individuals*

Basic to all psychological functions is an understanding in depth of the character and experiences of the persons served, both as individuals and as members of a group. Some of the special knowledges required in such understanding of the deaf includes areas of information relating to: (a) the deaf in history, definition, and terminology; (b) psychoeducational ramifications of deafness, including strategies of educational intervention and educational philosophies and practices; (c) psycho-social and psychopathological aspects; (d) range of heterogeneity of the deaf as a group; (e) scholastic, vocational, and professional status; (f) subcultural structure and characteristics of the deaf community; (g) the deaf as seen through the findings of research; (h) major organizations of and for the deaf; (i) patterns of language, thinking, and concepts; (j) various types of hearing loss and their treatment and amplification possibilities. Each one of these areas of required knowledge is composed of specific subareas of related knowledge.

3. *Techniques of psychological evaluation*

In addition to communicative competence and knowledge of the deaf as in the preceding digests, the function of psychological evaluation also requires: (a) an understanding in depth of the theory and principles of standardization in relation to the use of 'hearing' tests with the deaf; (b) the ability to select evaluative tests, materials and other techniques appropriate for a given client of whatever level of linguistic and experiential background; (c) the ability to effect sound modifications and/or adaptations in tests and techniques as required by a given client; (d) knowledge of the significance of history data in assessing the status of the individual; (e) the ability to detect behavioral signs of exceptionality or pathology and to distinguish them from normal behavioral patterns and habits; (f) the ability to conduct interview and win a client's confidence despite communicative barriers that may exist.

4. *Techniques of treatment*

In addition to the special skills and knowledge summarized in the preceding sections, the function of treatment demands basic groundwork in the subject plus the special skills involved in carrying out treatment procedures with a deaf clientele. These would involve such particular areas as: (a) knowledge of intervention techniques that are more active and body-oriented than verbal; (b) knowledge of the techniques of crisis intervention for the deaf and broad knowledge of referral resources, including responsible agencies and professionals experienced in work with the deaf; (c) knowledge of individual, group, and family therapy applied to the deaf; (d) familiarity with the range and types of problems most apt to be encountered among the deaf; (e) skill in interpreting treatment rationale and procedures to involved figures such as family, team specialists, and educational personnel; (f) knowledge of rehabilitation techniques used with the deaf; and (g) the ability to critically evaluate and/or support services provided by other specialists, and to generate needed services.

5. *Personal qualities*

In addition to the psychological traits associated with mature, well-balanced personalities, special stress was placed on the ability to work in collaborative situations and capacities especially with team disciplines, to tolerate frustration, guard confidentiality, establish good personal and working relations with people, whether deaf or hearing, and to seek continued improvement through professional growth and self-appraisal.

Training

General principles

1. Psychological practitioners must first meet the qualification standards of their own professional organizations before engaging in psychological practice with the deaf.

2. In training, the stress should be on establishing competencies rather than on accumulating course credits. Further, competencies should be in direct line with the skills and bodies of knowledge required for conducting effective psychological practice with a deaf clientele.

3. At minimum, comprehensive training programs at the graduate level should be prepared to provide sound grounding for trainees in the skills and knowledge related to the basic cluster areas dealing with: (a) communication, language, concepts, communicative relations; (b) the deaf as a heterogeneous group, as a community, subculture, and as individuals; (c) psychosocial, psychoeducational, and linguistic ramifications of deafness of various types; (d) the rehabilitation picture and team specialists, involved agencies and organizations; (e) techniques of psychological evaluation, interventions, and treatments with a deaf clientele; (f) research literature, inquiry, techniques; (g) community relations and involvements in the service of the deaf.

4. Supervised internship is an imperative necessity in comprehensive training programs, and all course work in any program should be accompanied by supervised practicum or at least supervised observation.

5. In order to carry out the concepts involved in competency oriented training, it is necessary that training programs be situated in regions that offer a substantial deaf population, service agencies dealing with hearing impaired clients, a school population of deaf pupils, and in institutions with qualified supervisory personnel.

6. Essential qualifications for psychological practitioners with the deaf are personality traits that will enable a psychologist to work effectively with deaf persons as well as knowledgably and harmoniously with team specialists and other involved personnel.

Training programs and strategies

Three principal training approaches emerged from the Conference:

1. Comprehensive training programs at the graduate level for qualified psychologists, and based on a national model training program.

2. Regional Training Centers situated around the country, and offering competency-based training at varying levels depending on the needs of the trainee and tailored to these needs. The Centers would have on-site training for psychologists as well as for affiliate personnel such as psychological aides, paraprofessionals, interpreters; and would also provide mobile training for outlying regions using audio-visual aides and/or media training packages for ancillary support.

3. Expansion of course offerings in existing programs designed to train other specialists for work with the deaf.

Mentioned as training strategies rather than programs, and intended mainly for workers unable to take the time for comprehensive training were: summer institutes, professional workshops, and inservice training.

Certification and Accreditation

There was unanimous agreement on the part of all Conference members that the goal of training is to produce 'quality' workers; that the deaf deserve no less. It was also agreed that it was necessary to establish standards to serve as safeguards against exposing the deaf to incompetent, unqualified workers. Such safeguards would provide recognition of qualification for the worker through certification and for the training program through accreditation. However, it was also unanimously agreed that it was not yet the time to determine the standards on which to base certification or accreditation; that this step would be a task for the future.

An Organization of Psychologists to the Deaf

There was strong positive sentiment in favor of establishing an organization to include not only qualified psychologists but also psychological

service providers to the deaf from other disciplines. The reasons expressed included the isolation separating such workers from one another, and their great need for inter-communication, feedback, critique, and evaluation. Dissent was voiced by one of the Conference work groups in the statement "It is better to become more active and vocal in existing organizations and remain in the mainstream of professional activity instead of separating ourselves." However, those in favor of the organization move won the day and proceeded to outline the issues to be worked out including whether or not to become an affiliate organization or an independent one.

A major problem here was the same as faced the original psychological survey of practices with the deaf, namely the need to search out and identify those persons engaged in psychological service to the deaf.

In Conclusion and Follow-up

After decades of questionable psychological practice with the deaf, a start has at last been made by the Spartanburg Conference for professionalizing this practice as a specialty in its own right. How far the move will go depends in large measure upon the competencies of those entering the field and on the quality of the training programs through which the necessary competencies are acquired. The contribution of the Spartanburg Conference was to organize and systematize some of the basic information required in structuring a worker-training model, and to point out other guides that have yet to be studied.

At the conclusion of the Spartanburg Conference, follow-up plans were already projected by its Planning Committee and Project Director. Termed 'Phase II' of the Spartanburg meeting, the plans proposed to review, refine, and reorganize the Spartanburg materials by way of Task Forces appointed to deal with specific segments of the material from which would be developed definitive guides for establishing qualification criteria for the worker and methods for evaluating competencies, as well as guides for acceptable training programs and institutions, and related evaluative procedures. One of the Task Forces was given the assignment of developing alternative models of training programs, and others to investigate issues involving certification, licensing, accreditation, the development of a professional organization of psychologists to the deaf, and methods for the evaluation and maintenance of competencies. In all, seven Task Forces are awaiting word on funding before beginning their operations.

Another follow-up has as its objective the development of a registry of psychological service providers to the deaf, and issued a plea in field and psychological journals to all such personnel to make themselves known. At this writing, well over a thousand names have been submitted.

The Spartanburg Conference also provided part of the impetus for a proposal from the Department of Psychology at Gallaudet College to establish a two-year Master's program in school psychology with specialization in

deafness. This proposal was based on recommendations from an Ad Hoc Committee (reporting to the Dean of the Graduate School) to study the feasibility and desirability of establishing such a program at Gallaudet College. The Committee's report included an analysis of the need for a school psychology training program for work with the deaf, an analysis of the competencies required by school psychologists with this specialization, the resources available at Gallaudet College and through the Washington Consortium of Universities, and a preliminary curriculum and training plan for the program. The Psychology Department's proposal to plan and implement this training program has been approved by the Graduate School Faculty.

A final follow-up at this writing is a move on the part of Professional Rehabilitation Workers with the Adult Deaf (PRWAD) to organize a Psychologists' Section within this parent organization. The purpose of the Section is to respond to such issues as the professional preparation of psychologists to work with deaf people; the drafting of guidelines concerning such topics as standards, qualifications, accreditation, and ethics; and such matters as legislation, research, and publication. The thrust is in the direction of establishing a national organization of psychologists to the deaf.

Movement in line with the Spartanburg objectives are being reported from other quarters. The Spartanburg Conference has broken the ground.

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